

PERSONAL FINANCIAL DISCLOSURE FORM

1. FULL NAME <p style="text-align: center;">Bobby Gray McElroy</p>	2. SPOUSE'S FULL NAME <p style="text-align: center;">N/A</p>
3. RESIDENCE ADDRESS 202 Forest Hill Rd. West Monroe LA 71291-9007	
4. SPOUSE'S OCCUPATION (if any) <p style="text-align: center;">N/A</p>	
5. PRINCIPAL BUSINESS ADDRESS N/A	
6. THIS REPORT COVERS CALENDAR YEAR 1999	7. CHECK IF AMENDED REPORT

992499

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

8. AFFIDAVIT

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

Bobby Gray

PERSON FILING REPORT

Sworn to and subscribed before me this 7th day of September, 1999.

NOTARY PUBLIC

Sheri M. Morris

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Rec'd 9/1/99
12:30 pm CLK

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